



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name <b>BOB BRAGG FOR HAMILTON COUNTY RECORDER</b>	
2. Acronym or Abbreviated Name (if any)	3. Committee Telephone Number <b>(317) 938-5511</b>
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <b>404 WESTCHESTER BLVD</b>	
5. City, State, ZIP Code <b>NOBLESVILLE, IN 46062</b>	6. Party Affiliation (if applicable) <b>REPUBLICAN</b>

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname) <b>ROBERT A. "BOB" BRAGG</b>	8. Party Affiliation or If Independent Candidate <b>REPUBLICAN</b>
9. Office Sought (Include district number, if any. Not required for exploratory committee.) <b>HAMILTON COUNTY RECORDER</b>	10. County of Residence <b>HAMILTON</b>

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one: <input checked="" type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input checked="" type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)	Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
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12. Reporting Period: From: <b>JAN 1, 2014</b> Through: <b>April 10, 2014</b>	COLUMN A This Period <b>- 0 -</b>	COLUMN B Year to Date <b>- 0 -</b>
13. Cash on hand and investments at the beginning of this reporting period.	<b>- 0 -</b>	<b>- 0 -</b>
14. Cash on hand and investments January 1, current year.		<b>- 0 -</b>

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)	<b>- 0 -</b>	<b>- 0 -</b>
15b. Unitemized	<b>- 0 -</b>	<b>- 0 -</b>
15c. Add lines 15a and 15b in both columns	<b>- 0 -</b>	<b>- 0 -</b>
<b>SUBTOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	<b>- 0 -</b>	<b>- 0 -</b>
<b>TOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	<b>- 0 -</b>	<b>- 0 -</b>
17b. Unitemized	<b>- 0 -</b>	<b>- 0 -</b>
17c. Add lines 17a and 17b in both columns	<b>- 0 -</b>	<b>- 0 -</b>
<b>SUBTOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	<b>- 0 -</b>	<b>- 0 -</b>
<b>TOTAL</b>	<b>- 0 -</b>	<b>- 0 -</b>
19. Debts OWED BY the committee (use Schedule D)	<b>- 0 -</b>	
20. Debts OWED TO the committee (use Schedule E)	<b>- 0 -</b>	

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.		OFFICE USE ONLY	
Signature of Treasurer		Date	
Signature of Candidate (if applicable)		Date	<b>4/10/14</b>
WARNING: Any information contained in this report which is false or misleading, or which is obtained by fraud or coercion, or which is obtained by the use of force or threat, or which is obtained by the use of any other unlawful means, is a violation of the Campaign Finance Law and may constitute a crime under the laws of the State of Indiana.		(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class A misdemeanor. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)	

PEGGY BEAVER  
CLERK  
HAMILTON COUNTY  
CLERK'S  
OFFICE

APR 11 PM 3:46